



MANUFACTURED HOME CONSUMER COMPLAINT

State Form 52654 (6-06)

INDIANA DEPARTMENT OF HOMELAND SECURITY
DIVISION OF FIRE AND BUILDING SAFETY
BUILDING CODE ENFORCEMENT DIVISION
302 West Washington Street, Room W246
Indianapolis, IN 46204-2739

CONSUMER INFORMATION

Name of consumer

Address of consumer (*number and street*)

City

State

ZIP code

Telephone number

()

Work telephone number

()

Other telephone number

()

DESCRIPTION OF MANUFACTURED HOME

Name of manufacturer

Address of manufacturer (*number and street*)

City

State

ZIP code

HUD certification label number(s)

Home size:

Single

X

Multi

X

Date of purchase (*month, day, year*)

Date of manufacture (*month, day, year*)

Date of installation (*month, day, year*)

DEALER AND INSTALLER INFORMATION

Name of dealer

Address of dealer (*number and street*)

City

State

ZIP code

Name of installer

Address of installer (*number and street*)

City

State

ZIP code

Name of contact

COMPLAINT

Please list each problem separately by room and attach on a separate sheet of paper.

Include the following information if available:

- Local building permits and inspection records.
- Copies of correspondences with manufacture and/or dealer.
- Copies of any work orders.

Mail completed form and all paperwork to the Indiana Department of Homeland Security at the above address.

Signature of owner

Date of signature (*month, day, year*)